



2004 West Nile Virus Conference

February 9, 2004 - 9:00 AM - 2:30 PM
Red Lion Hotel - 161 West 600 South - Salt Lake City, Utah

ONLINE REGISTRATION INSTRUCTIONS:

Each person registering is to complete all sections of this form. Please let us know ASAP if you need to cancel your registration. Substitution for a confirmed registrant is allowed at any time. Please register online by completing the form below. Information fields marked with **red text and an asterisk (*)** are required fields.

For problems or questions with this conference, contact **Michelle Korth**, Office of Epidemiology, Utah Department of Health **801-538-6182** or email her at mkorth@utah.gov

REGISTRATION - Fill in all sections of this form, then send this to the address shown below.

1. ATTENDEE NAME:

(As you want it to appear on conference ID Badge)

***First Name:** *

***Last Name:** *

*** Work Phone:** *

***Email Address:** *
(Enter NONE if you do not have an email address)

***Agency/Department/Organization:** *

Position/Title:

Mailing Address:

City, State, Zip:

FAX:

Mail to: WNV Conference, POBox 142104, SLC, UT 84114-2104 Fax to: 801-538-9923